

REQUEST FOR CIVILIAN PERSONNEL ACTION

Requesting Official (Last, First, MI):			Date of Request:		
PSD/CSD of Requesting Official:		DSN Office Phone:		What Action Are you Requesting? Other (provide specifics):	
Email Address of Requesting Official:		DSN Office FAX:			
If requesting Recruit Action, provide the following information:					
Position Title:		Series:	Grade:	Location:	
PD Number:					
Justification:					
If requesting New Position , provide the following information:					
Proposed Position Title:		Proposed Series:	Proposed Grade:	Proposed Location:	
Justification:					
If you are requesting Detail Action, Reassignment Action or Promote Action, provide the following information:					
Name of employee:			Proposed Effective Date:		
From Current Position Title:	Series:	Grade:	PD Number:	Current Location:	
To Position Title:	Series:	Grade:	PD Number:	Location:	
Justification:					
Recommendation	Signature	Recommend	Not Recommended	Date	
First Line Sup					
Second Line Sup					
OIC/CPOIC					
Approval Auth	Signature	Approved	Disapproved	Date	
CIVPERS Officer					
CIVPERS Officer Comments:					
PPI Number:					